

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Rudolph Seufert

3. (b) If veteran, name war No. 3. (c) Social Security 441-01-4116

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 hr. min.

9. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker

11. Industry or business

12. Name Charles Seufert
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katrina Linderer
15. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Seufert
(b) Address Ste. Genevieve, Mo.

17. (a) Removal (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.
18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 6790 Washington Ave.
JAN 4 1942

19. (a) (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2017
(d) Street No. 2313a Benton St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1942 hour 1 minute 15 PM

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Deep laceration wound of skull and laceration of chest and stomach. Self inflicted between the hours of 11:30 - 1:00 PM at 2313a Benton St. 12/31/41

Due to

Other conditions (Include pregnancy within months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12/31/41
(c) Where did injury occur? At home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home (Specify type of place) (City or town) (County) (State)
While at work (Specify type of place) (City or town) (County) (State)

23. Signature Philip Perry (M.D. or other)
Address Reception Room Date signed 1/4/42

MAR 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Walter T. Burnley

Licensed Embalmer No.....

4202

P. O. Address.....

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.